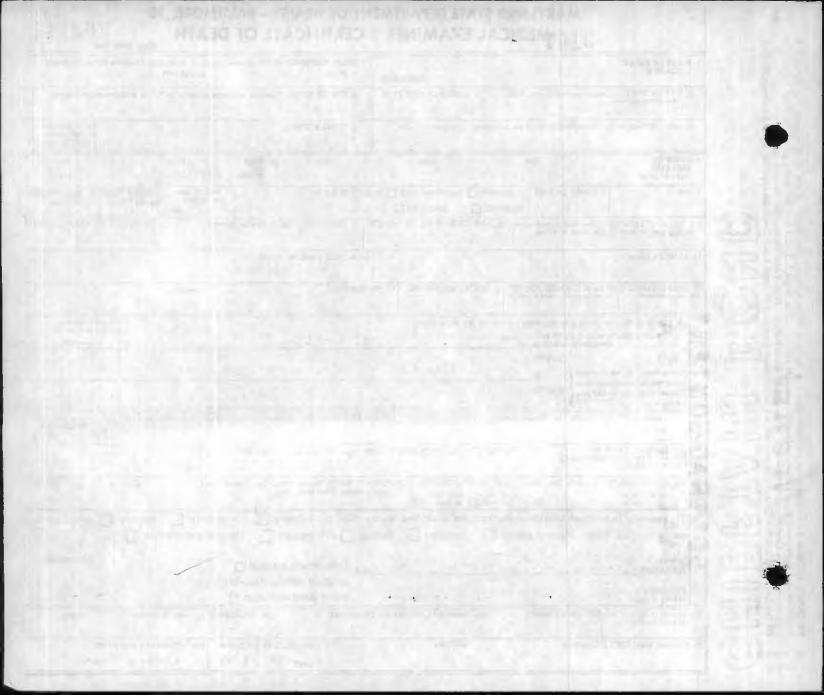
VS. A15ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

"	3771				Reg	Dist. No	0.	
1. PLACE OF DEATH a. COUNTY	Garrett	MARYLAND	2. USUAL RESIDENCE (V		d. If Institution: Re b. COUNTY Ga			ssion)
b. CITY OR TOWN IN and give recognit loops	outside corporote limits, write	RUFAL C. LENGTH OF STAY IN 16	Kaural Jak	outside corporate	limits, write RURAL	and give r	nearest ton	wn)
d. NAME OF HOSPIT	AL OR INSTITUTION (I	f not in hospital, give street address)	d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Robert	45 T 5 T	Lost	4. DATE OF DEATH	Month TCL	Doy 25		950
5. SEX	6. COLOR OR RACE	7. MARRIED A NEVER MARRIED 8. WIDOWED DIVORCED			E (In years puthday) Month	Doys	IF UND	ER 24 HRS. Min,
10a. USUAL OCCUPATIO during most of prorkin Carl Chilel	ON (Give kind of wark of kile, even if retired)	done 10b. KIND OF BUSINESS OR INDUST			12.	ULA	F WHAT	COUNTRY?
13. FATHER'S NAME	ert Dill		14. MOTHER'S MAIDEN N					
	ER IN U. S. ARMED FOR DE yes, give wor or dotes of a	errica)	essie (NAII	R) Dill	Address Fural	UE KL	ana	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which light couse	Aortic stenosis wi	hil ternl th left vent		,	ONS	RVAL BETWEET AND DEA	ATH
PART II. OTH	USE WAS 201	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN IN P		9. WAS	
20c. TIME OF INJUR Haur o. m. p. m.	Month, Day, Yeo		CE OF INJURY (Home, farm ory, street, affice bldg., etc.	20f. (City or tay	(m)	Caunty)		(Stote)
//	from: Natural of	of the remains described abortances M. Accident M. Suid		AL EXAMINER	tian [], Inq rmined cause		DATE S	
220. BURIAL, CREMATIO REMOVAL (Specify)	5/35/5a		CREMATORY		City, tawn, or count		(State	h)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS  Dak and id.		AR 31 '59	246. REGISTRAR'S Cirthun			



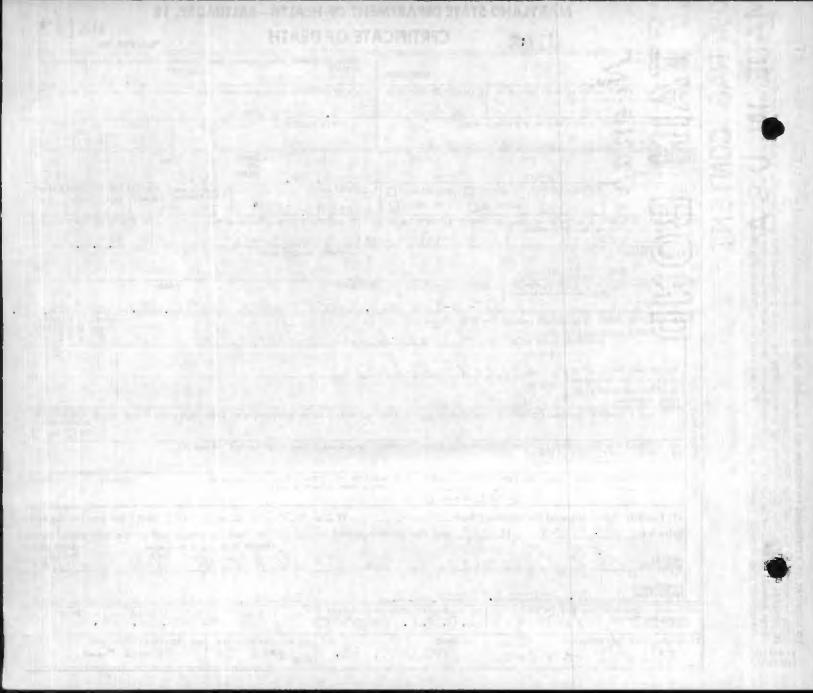
VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3149 CERTIFICATE OF DEATH

01.70				keg. Dist, Ne,
1. PLACE OF DEATH p. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Garrett	MARYLAND	Maryla		Garrett
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	11	utside corporate limits, write R	URAL and give nearest lown)
Oakland	3 days	X It. Lake	Park	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Garrett County Memorial	Hospital	Box #337		YES NO V
3. NAME OF First DECEASED (Type or print) Harry	Middle John	Edwards, Sr.	4. DATE Mor	29 Year
	NED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE fin years	IF UNDER I YEAR IF UNDER 24 HRS.
male white WIDOWI	ED DIVORCED	April 13, 18	82 76 yrs.	Manths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if relired)		-		12. CITIZEN OF WHAT COUNTR
coal miner 3. FATHER'S NAME	coal mining(so	The second secon		U.S.A.
		14. MOTHER'S MAIDEN N	AME	
Samuel Edwards		Mary A	nn Campbell	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  17es. no. or unknown) 4 (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress
	17-01-1306 Mr	s. Carrie Edw	ards. Rox 337	Mt. Lake Park
18. CAUSE OF DEATH [Enter only one couse per lin		OR CHILLE DEEP	arda, nox jor	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heering	na Tr	unal	ONSET AND DEATH
1150.0 DUE TO	01			~
Conditions, if any, which ) (b)	Viteria Solo	1101		8 Nas-
gove rise to immediate		to find the state of the state		- picos
couse (o), stating the under-				0
PART IS. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in P	art 1 ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. p. m. 19 of worl	Not while for	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease	10-15-	10 00 1 721	and no 1050	
7/ //				that I last saw the decease
alive on 193	f, and that death			and on the date stated above
AS M	1	1	ADDRESS (Street, city or town,	Stole) DATE SIGN
SIGNATURE A MONTH	nce	M.D. Cla	Klaud 1	ud Lomas
PHYSICIAN'S Dr. Andrew E.	Mance M.D.	Oald	land Maryland	7
20. BURIAL CREMATION 276 PATE, THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d, LOCATION (City, town,	or county) (State)
President 1/1/1959	I.O.O.F. C	emetery	Elk Garden	, W. Va.
B. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakland			STRAR'S SIGNATURE
/ 16 electron	Vakiand	, Md. DATE AS	18 3 '59 C	Irlhun & Heard

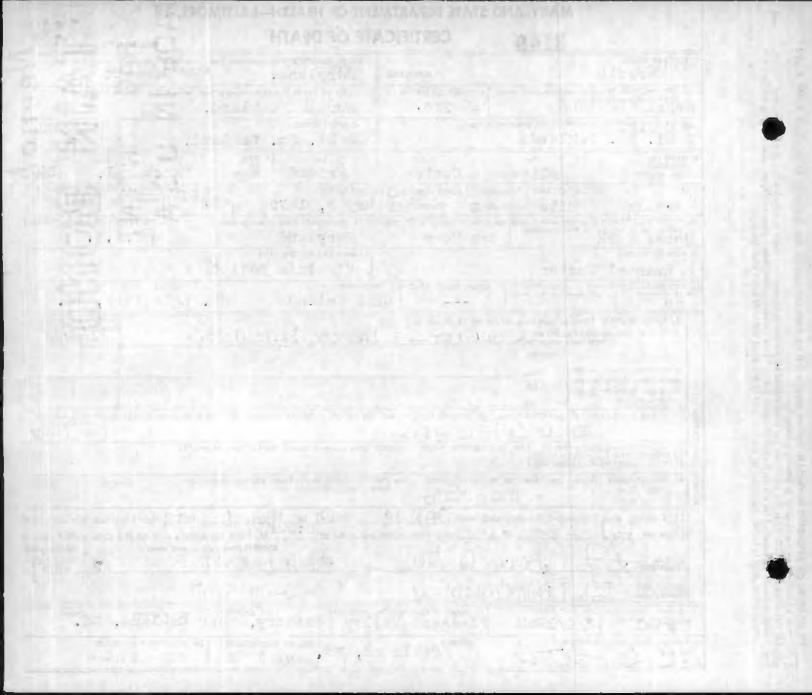


VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

	314	9	CERTII	ICA	E OI DEAII			Reg. D	ist. No		
o. COUNTY PEATH	t		MARYLA	- 16	"Naryland		d lived. If instituti b. COUNTY	on: Reside	ence befo	re admis	sion)
RURAL prid givos	outside corporate limi	ls, write	60 yrs.		c. CITY OR TOWN (IF a	Oakla		URAL ond	give nec	grest tow	n)
5 M1. SO	AL (If not in hospital, g Oakland		oddress)	1	d. STREET ADDRESS 5 Mi. SO	. Oak	rland,			ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ali		Middle		Friend	4. DATE OF DEATH	Ma)		1		Yeor 1959
5. SEX Female	6. COLOR OR RACE White	7. MARS	RIED NEVER MARRIED  ED DIVORCED		lay 5, 187	2	9. AGE (In years lost birthdoy) 86 yrs.	Months Months	R I YEAR Doys	IF UND Hours	ER 24 HRS Min.
HOUSE WOL	ing life, even it retired	1 1	kind of Business or	INDUSTR	Maryland		ountry)	1	.S.		COUNT
13. FATHERS NAME Emanuel	Custer				Virginia		Ltt				
IS, WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.		ormant na Friend		Mt. Lal	res P	ark	, Mà	1.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which nmediate	,5'6	ne for (o), (b), and (c).} NGTST1V	5 P	FEART FA	1)20	RE			ERVAL BI	ETWEEN OF ATH
20g. ACCIDENT WA	BILON	CH1	ECTASIS	_				EN IN PA	RT 1(o)	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Not while k of work	De. PLACE foctor	OF INJURY (Home, form y, street, office bldg., etc	20f. (City	y or lown)		(County)		(Stole
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S	of lattended the	deceas 19	ed from JAN , and that d	eath a		M, trar	n the causes of treet, city or town,	and on		te stat	deceased above
220 BURIAL, CREMATIO BEMOYAL (Specify)	3/4/195			RY OR C	ley Cemete	ry, 1		klan		Md •	te)
23 FUNERAL DIRECTOR	s SIGNATURE		ADDRESS Oakl	a no	Md DATEMA	R 5 15		STRAR'S S			



		LACE OF DEATH	arrett			MARYLAND	II o. STATE	ENCE (Where deced	sed lived. If instit b. COUN	TY . YT	egeny	lmission)
<b>Y</b> .	Ŀ		(If outside corporo nearest town)	le limits, wri		GTH OF STAY IN 16		OWN (If outside cor	porate limits, writ	e RURAL and	give nearest	
90	-	OR INSTITUTION	PITAL (If not in hosp		reet address)		d STREET AC	Pouter l	lace			RESIDENCE
*	3. 1	IAME OF DECEASED Type or print)	Josep	First h		Middle	Grimes	4. DATE OF DEAT		Aanth 3	Doy 18	Year 19
	-	ale	mite	WIDO	OWED TO	NEVER MARRIED [	Mar. 7	13 116	9. AGE (In year	Months	Doys He	INDER 24
		ainte		work done 1 etired)	fail	FORCE	Leyse	CE (State of foreign		7.4	TIZEN OF W	HAT COU
11	13.	Andrew	J. Gri	mes			14. MOTHER'S	ett rer	гy			
	15. (Yes.	WAS DECEASEDED	VER IN U. S. ARMEI	D FORCES?	A-/	SECURITY NO. 17	INFORMANT	w GR	ime (	Ceret	osla	udi
			EATH [Enter only   EATH WAS CAUSEE   IMMEDIATE CAI	BY:	My	Dang	SAME?	left q	cop			L BETWEI
		Conditions, if gave rise to cottee (o), statin lying couse las	Immediate g the under-	(b) 7 OF 3U	Lone	alyto	lerde	no del	erous	A	~	
0		gave rise to cotse (o), statin lying couse las	Immediate g the under-	(c)			UT NOT RELATED TO				PE	AS AUTO
crematian, at removat, and in any	L CERTIFIC	gave rise to cottle (a), statin lying couse las PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTHE 20c. TIME OF INJUHOUR a, m. p. m.	Immediate g the under:  I.  ITHER SIGNIFICANT  VAS UNDERLYING IG I CAUSE OF D  TY MEDICAL EXAMI  JRY Month, Day  .	(c) CONDITION CO	DESCRIBE H	OCCURRED 20e. at while work		injury in Port 1 ar P	ort (1 af item 18.) ity or tawn)	(1	PE YES	RFORMED NO
ar prior to buriot, cremation, or removal, and in ony	CAL CERTIFIC	gave rise to cottle (a), statin lying couse las PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTHE 20c. TIME OF INJUHOUR a, m. p. m.	Immediate g the <u>under</u> I.  WITHER SIGNIFICANT  WAS UNDERLYING GIG CAUSE OF D  FY MEDICAL EXAMI  URY Month, Day  .	(c) CONDITION CO	DESCRIBE H	OCCURRED 20e. of while mark	RED. (Enter nature af	ame, form, 20f. (Childg., etc.)	ort (1 af item 18.) ity or tawn)	9.,that I	County)	RFORMER NO

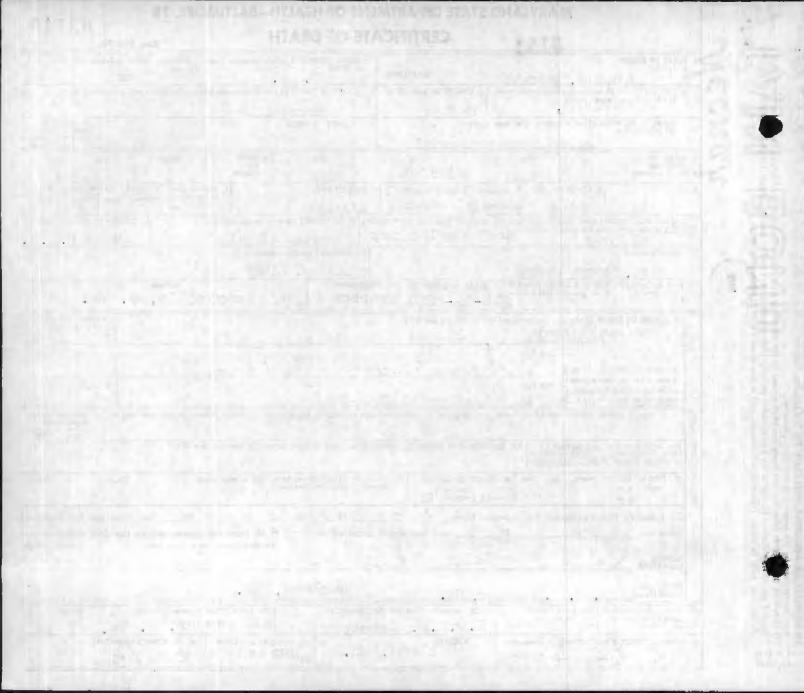
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VS A15 (4) 15M 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I
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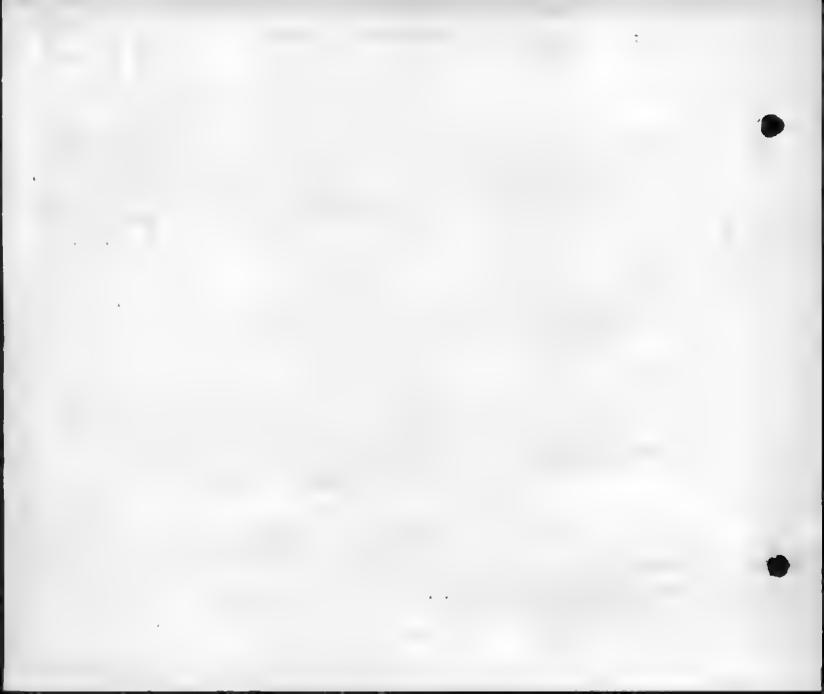
CERTIFICATE OF DEATH

	3151	CERTIFICA	AIE OF DEATH		Reg. D	Dist. No.
	PLACE OF DEATH o. COUNTY Oakland, Garrett	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	b	COUNTY	ence before odmission)
	b. CITY OR TOWN (If outside corporate fimits, we RURAL and give nearest town).  ORKIANO.	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	•	its, write RURAL one	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION  Garrett Cour	Hospital	d. STREET ADDRESS	ITTE		e. IS RESIDENCE ON A FARM? YES NOXX
3.	NAME OF First DECEASED (Type or print) Danie	Middle	lost Hipp	4. DATE OF DEATH	Month 3	Doy Yeor 25 1959
	6. COLOR OR RACE 7.	MARRIED MEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 4/3/1880	lost 7	(In years birthday) IF UNDE Months	R TYEAR IF UNDER 24 HRS
е	0000 112100	oft Coal mine	s America (	Iowa)		TIZEN OF WHAT COUNTRY
	Hipp, MANK Frank		Bosley, Ci			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no. or unknown) (If yes, give wor or doles of service)		erson Hipp	Emory	ville, W	. Va.
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  422. DUE TO	UREMIA	, a	,		INTERVAL BETWEEN ONSET AND DEATH 2 W 2214
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	Antenio Sten		3.6		YEA.S
CATION	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	DITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED? YES NOG
CERTIFI	206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of it	em 18.)	
MEDICAL	Hour a.m.	Od. INJURY OCCURRED 20e. PL thile Not while for work of our or of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	n)	(County) (State)
	21. I certify that I attended the dec					last saw the decease
	ACTUAL SIGNATURE A C	19 57, and that death		DORESS (Street, cit		DATE SIGNE
220 B	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY CO I.O.O.F. Ce			den, W.	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakland,	100	BY REGISTRAR	24b. REGISTRAR'S S	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	woy be retained by the hospital or altending physician,	rector,	d with	(
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-	/5 A	15	[4	)

	3159		CERTI	IICA	IL OI I	) [ ] [ ]	1		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	GARRETT		MARY	- 11	2. USUAL RESI o. STATE		ere deceased LAND	f lived. If instituti b. COUNTY		before o	
b CITY OR TOWN (II RURAL and give ne	f outside corporate fimil corest town? OAKLAND	s, write	c. LENGTH OF STAY	IN 1P	c. CITY OR	TOWN (IF o		rote limits, write R	URAL ond gir	ve negres	I lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g UNTY MEMOR				A. STREET	ADDRESS	TER ST	reet			IS RESIDENCE ON A FARM? (ES NO NO
3. NAME OF DECEASED (Type or print)	JA19		Middle Andrev		KERI		4. DATE OF DEATH	Mor MARC		Doy 30	Yeor 19 59.
5. SEX M	6 COLOR OR RACE	7. MARR	RIED NEVER MARRII	- 00	MAXXXX			9. AGE (In years lost birthdoy) 75 yrs			UNDER 24 HRS
100. USUAL OCCUPATION during most of work MECHAN I	ang life, even if refired)	ione 10b.	KIND OF BUSINESS O	R INDUSTR	TY 11 BIRTHP	MARYI		ountry)		U.S.	WHAT COUNTRY
13. FATHER'S NAME		-			14 MOTHER'S	MAIDEN N	IAME			_	
	JAMES	KERI						MARGARET	Mel	vin	
15 WAS DECEASED EVEN	R IN U. S. ARMED FOR		SOCIAL SECURITY NO .2-24-126'		ormant ge Ke	rins		Oakland	i, Md.		
Conditions, if or gove rise to it couse (a), stating lying couse lost.  Part II. OTH	nmediate (	)	CONTRIBUTING TO DE	TH BUT NO	eles o	THE TERMIN	NAL DISEASI	E CONDITION GIV	VEN IN PART	1(0) 19	WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	of injury in P	Port 1 or Part	II of item 18 )		YI	ES NO
20c TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yea	While	NJURY OCCURRED Not while of work	20e. PLACI Factor	E OF INJURY ( ry, street, offic	Home, form, e bldg., etc.	20f (City	or town)	(Co	unly)	(Stote)
21. I certify the alive an	at I attended the  at Man  uselness	deceas _, 12_4 / <u>\$</u> /	od fram agris	death a		5:05P	M, from	reet, city or town,	and on the	st saw date	the decease stated above DATESIGNED
PHYSICIAN'S NAME (Type)	ANDRETTE.		CE, M.D.		<u>r</u> H:	ir <i>o</i> si			City Di	_ MA	RYLAND
BULL 18 Pecify)	4/2/1959		Catholic	~	metery		oakl	and, Mic			(Stote)
23 FUNERAL DIRECTOR	signature	u	ADDRESS Oaklar	nd, N	vid.		PR 3		STRAR'S SIGN		A



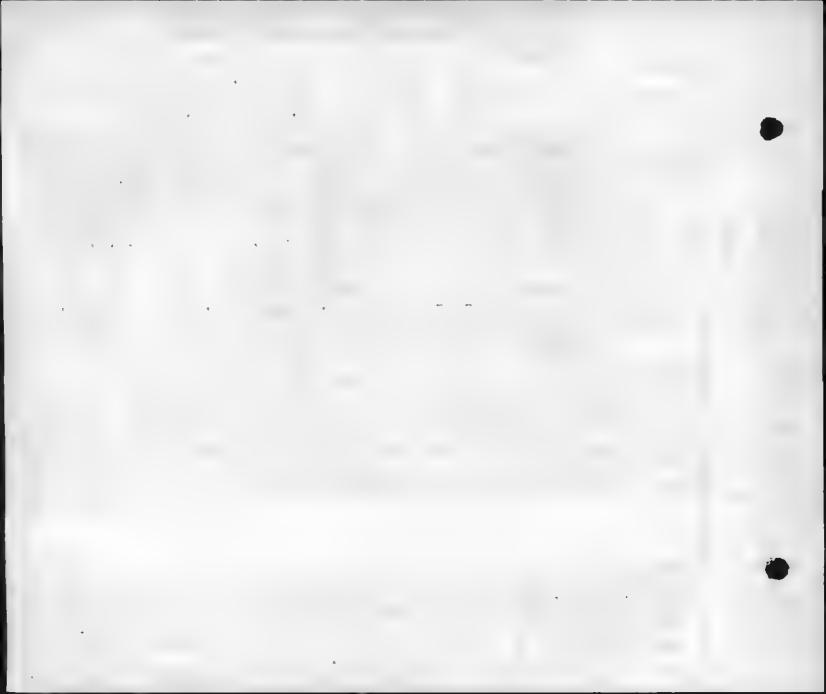
TO S

ARYLAND	STATE	DEPARTM	ENT OF	HEALTH-	-BALTIA	AORE,	18
MEDIC	AL EX	AMINER'	S CERT	IFICATE	OF DE	ATH	

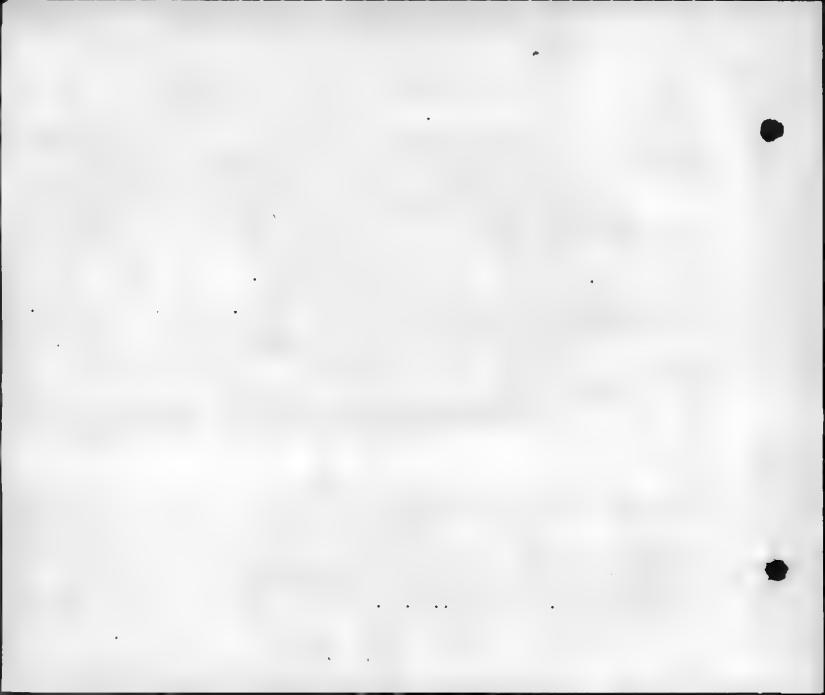
03147

1. PLACE OF PEATH 6. COUNT (FATTER)  D. CONTON (FATTER)  D. CONTON (FATTER)  MARYLAND  D. CONTON (FATTER)  D. CONTON (FATTER)  D. CONTON (FATTER)  MARYLAND  D. CONTON (FATTER)  MARYLAND  C. CITY OR TOWN) (FI counted corporate limit, write PURAL and give uncovering from the Park (A more provided and park form)  C. CITY OR TOWN) (FI counted corporate limit, write PURAL and give uncovering form)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more form)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form)  D. COUNTED (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form)  D. SAR (A counted (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park of the park (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park of the park (A more)  C. COUNTED (A more)  C. CITY OR TOWN (FI counted corporate limit), write PURAL and give uncovering form to the park of the park (A more)  C. COUNTED (A more)  C. CITY OR TOWN (FI counted counted form)  C. COUNTED (A more)  C. CITY OR TOWN (FI counted counted form)  C. COUNTED (A more)  C	2450			Reg.	Dist. No.
S. CHY OR TOWN all subside express famin, write RUNA or OR TOWN all subside express famin, write RUNA or OR TOWN ALL AND COMPANY OR TOWN ALL AND COMPA			2. USUAL RESIDENCE (WI	here deceased lived. & Institution: Resi	dence before admission)
Address Transcribed Control of Rectangle Control of	Garrett	MARYLAND	o state Maryl	and. b. county Gar	rrett
Rural Oakland  d. NAME OF HOSTITAL OR NSTITUTION (if not in hospital, gives sheet oddress)  AND OF HOSTITAL OR NSTITUTION (if not in hospital, gives sheet oddress)  NAME OF HOSTITAL OR NSTITUTION (if not in hospital, gives sheet oddress)  NAME OF LOCAL STANDAY  NOTE OF LOCAL STANDAY  NOTE OF LOCAL STANDAY  NOTE OF LOCAL STANDAY  NOTE OF LOCAL STANDAY  NAME OF LOCAL		c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside corporate limits, write RURAL a	nd give neorest town)
Home of Jewis VanSickle  Loch Lynn  Nach Farm.  1. NAME OF John Bance King		6 Months	🐒 Mt. L	ake Park,	
NAME OF FIRST MIGHT NAME OF FIRST MARKED DOWN TO BATCH OF BIRTH MARCH 20, 1959  3. SEX NAME OF COLOR OF RACE   7. MARRIED NEVER MARRIED   S. DATE OF BIRTH MARCH 20, 1959  3. SEX NAME OF COLOR OF RACE   7. MARRIED NEVER MARRIED   S. DATE OF BIRTH   S. DATE OF BIRTH MARCH 20, 1959  3. SEX NAME OF COLOR OF RACE   7. MARRIED NICONED   DIVORCED   Ume 2, 1880  4. COLOR OF RACE   7. MARRIED NICONED   DIVORCED   Ume 2, 1880  4. COLOR OF RACE   7. MARRIED NICONED   DIVORCED   Ume 2, 1880  5. SEX NAME OF COLOR OF RACE   7. MARRIED NICONED   DIVORCED   Ume 2, 1880  6. USUAL OCCUPATION (Give land of word dominal property of the color	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	A. STREET ADDRESS		e. IS RESIDENCE
Section   Sect		kle	Loch	Lynn	
S. SEX   4. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   1. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1. DATE OF BIRTH   1. O. USAL OCCUPATION (Give hind of work done)   1. DIVORCED   1. UND 2, 1880   1. SETTION 1. SET		Middle			Doy Year
Male Winter widowas   Divorce   June 2, 1880   To   Months   Day   Moure   Min.   10c. USUAL OCCUPATION (Give kind of work done   10c. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPIACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPIACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPIACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPIACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. WAS ALLEN NAME   14. MOTHER'S MAIDEN NAME   13. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDE	(Type or print) John	Bance	King		), 1959
Male   White   Widows   Divorce   Tune 2, 1880   78 yrs.   Widows   Widows	5. SEX 6. COLOR OR RACE 7. MARI	RIED THEVER MARRIED B.	DATE OF BIRTH	ford health don't	
ACTION   Condition, if any, which gover its to immediate couse (a), storing the underlying couse folia.   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	Male White WIDOW	ED DIVORCED T	me 2, 1880	78 yrs. Months	Days Hours Min.
13. FATHER'S NAME	I design a season of season life, seem it satisfied	KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Stole o	or foreign country) 12. Ci	TIZEN OF WHAT COUNTRY
Arch King    Second Sec	Retired Coal Miner S	oft Coal Mine	s Marylan	d. U.	S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  20 -07-6716  30hm R. King Mt. Lake Park, Md.  18. CAUSS OF DEATH [Enter only one course per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  MMTDIATE CAUSE (o).  DUE TO  Conditions, If any, which geve rise to immediate course (o), storing the underlying course foil.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  PART III. DEATH II. DEATH III. DEATH II. DEATH III. DEAT	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
18. CAUSE OF DEATH   Enter only one cause per line for (e), (b), and (c).	Arch King		Frances B	liggs	
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSE (b)  Myocardial infarction    Due to		S. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gover fise to immediate couse (o), storing the underlying (couse fost)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONTRIBUTING  200. EXTERNAL CAUSE WAS PREMOVED OF CONTRIBUTION  201. EXTERNAL CAUSE WAS PREMOVED OF CONTRIBUTING  202. FLACE OF INJURY (Home, form.)  FOR THE OF INJURY Month, Day, Year  203. INJURY OCCURRED  204. FLACE OF INJURY (Home, form.)  FOR THE OF INJURY MONTH, DEPLOY AND THE OF INJURY (Home, form.)  PART II. OTHER SIGNIFICANT MONTH IN PART I(o)  PART SIGNIFICANT MEDICAL EXAMINER  204. CHIEF MEDICAL EXAMINER  ACTUAL  SIGNATURE  205. DURISL CREMATION.  206. DURISL CREMATION.  207. DURISL CREMATION.  208. RECTO BY REGISTRAY 246. REGISTRAY SIGNATURE  209. DURISL CREMATION.  209	po E	20-07-6716 J	ohn R. King	Mt. Lake Pa	ark, Md.
PART I. DATH WAS CAUSE (a)  Wyocardial infarction  Hours  Due to  Condition, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS  200. DESCRIBE HOW INJURY OCCURRED  While  PART II. OTHER SIGNIFICANT CONDITIONS  200. DESCRIBE HOW INJURY OCCURRED  While  PART II. OTHER SIGNIFICANT CONDITIONS  201. FURL THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PART II of item IB.)  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  201. FURL THE SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  202. FURL THE SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  P					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o)] IP. WAS AUTOPSY PERFORMED?, YES NO PERFORMED.  20. EXTERNAL CAUSE WAS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) IP. WAS AUTOPSY YES NO PERFORMED?, YES NO PERFORMED.  21. I certify that I look charge of the remains described above, held an Autopsy II. Inspection II. Inquiry III. Inquiry II		ocardial infa	rction		Hours
Over rise to immediate course (c), stoting the underlying (course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 19 of work	L4O. / DUE TO				
Col., stoting the underlying   DUE TO   Course lost.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?, YES NO PERFORMED.    COUNTY NEOF INJURY HOUTE, YES NO PERFORMED.   County Neof YES NO PERFORMED. YES NO	Conditions, if any, which)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19, WAS AUTOPPY PERFORMED?, YES NO PRIMARY DOCUMENT OF THE TERMINAL CAUSE WAS AUTOPSY DOCUMENT OF THE TERMINAL CAUSE WAS AUTOPSY DOCUMENT OF THE TERMINAL CAUSE WAS AUTOPSY DOCUMENT. THE TERMINAL CAUSE WAS AUTOPSY DOCUMENT OF THE TERMINAL CAUSE WAS AUTOPSY DOCUMENT. THE TERMIN	1 To State To				
PERFORMED  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING    20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of work of work of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work					
20c. TIME OF INJURY Hour a. m., p. m.  21. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Natural couses . Accident . Juicide . Homicide . Undetermined cause .  ACTUAL SIGNATURE  EXAMINER'S  NAME Hype)  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DATE SIGNATURE  220. NAME OF CEMETERY OR CREMATORY  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY COMMETTER  220. REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
20c. TIME OF INJURY Hour a. m., p. m.  21. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Natural couses . Accident . Juicide . Homicide . Undetermined cause .  ACTUAL SIGNATURE  EXAMINER'S  NAME Hype)  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DATE SIGNATURE  220. NAME OF CEMETERY OR CREMATORY  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY COMMETTER  220. REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	SATI				
20c. TIME OF INJURY Hour a. m., p. m.  21. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Natural couses . Accident . Juicide . Homicide . Undetermined cause .  ACTUAL SIGNATURE  EXAMINER'S  NAME Hype)  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DATE SIGNATURE  220. NAME OF CEMETERY OR CREMATORY  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY MEDICAL EXAMINER . 220. LOCATION (City, town, or county)  DEPTY ACTUAL  220. BURIAL CREMATION.  BURIAL CREMATION.  220. DATE THEREOF  DEPTY COMMETTER  220. REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	200. EXTERNAL CAUSE WAS 20b. DESCRI	BE HOW INJURY OCCURRED. (E	ther nature of injury in Port	Lor Part II of item 18.)	
21. I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . and find the death refulfed from: Natural couses . Accident . Suicide . Homicide . Undetermined cause .  ACTUAL SIGNATURE CALL					
21. I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . and find the death refulfed from: Natural couses . Accident . Suicide . Homicide . Undetermined cause .  ACTUAL SIGNATURE CALL	20c. TIME OF INJURY Month, Day, Year 20d.		E OF INJURY (Home, form,	20f. (City or town) (C	ounty) (State)
death refulfed from: Natural couses & Accident , Suicide , Homicide , Undetermined cause .  ACTUAL SIGNATURE	Heur e, m, p, m. 19 of w	the Table willing T	ry, street, office blogs, etc.)		
death refulfed from: Natural couses & Accident , Suicide , Homicide , Undetermined cause .  ACTUAL SIGNATURE		remains described above	e, held on Autopsy	. Inspection F. Inqu	iry 🔼 and find the
ACTUAL SIGNATURE COMMENT AND CHIEF MEDICAL EXAMINER 3-20-59  EXAMINER'S James H. Feaster, Jr. Deputy Medical Examiner 3-20-59  Deputy Medical Examiner 2  220. Burial Cremation. 22b. Date Thereof Deer Park Cemetery or Crematory Deer Park, Maryland.  23/5Unjeral Director's Signature Address 24d. Rec'd by Registrar 24b. Registrar's Signature			, ,		-
Signature Devices Examiner 3-20-59  Examiner's James H. Feaster, Jr. Deputy Medical Examiner 3-20-59  Deputy Medical Examiner 3-20-59  Deputy Medical Examiner 2  220. Burial, Cremation, 22b, Date thereof Deer Perk Cemetery or Crematory Deer Park, Maryland.  23/50 Deer Park Cemetery Deer Park, Maryland.  23/50 Deer Signature Address 24d, Reciberrar 24b, Registrar Signature	3				i*
ASSISTANT MEDICAL EXAMINER 3-20-59  DEPUTY MEDICAL EXAMINER 220. DATE THEREOF 220. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City. town. of county)  DUTTATION 3/22/1959 Deer Park Cemetery Deer Park, Maryland.  23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE	ACTUAL Keyen (d.	enter h	CHIEF MEDICAL EXA	AMINER [7]	DATE SIGNED
EXAMINE'S James H. Feaster, Jr.  DEPUTY MEDICAL EXAMINER 220. DATE THEREOF 220. NAME OF CEMETERY OF CREMATORY 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City, town, of county) (Stote)  DEPUTY MEDICAL EXAMINER 220. LOCATION (City	SIGNATURE		_MLD.		00 50
BUT 1a1 3/22/1959 Deer Park Cemetery Deer Park, Maryland.  23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	NAME (Type) James H. Feast	er, Jr.			0-20-59
23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	Buria 1 3/22/1959	Deer Park Ce	emetery	Deer Park, Mary	yland.
The Cakland, Md. DAT 1823 59 1 3 - ma.	23/FUNERAL DIRECTOR'S SIGNATURE			BY REGISTRAR 246. REGISTRAR'S S	
	The xeighton	Uakland	Md . DAT	128 23	the second

YS. A15ME(5) 5M 9/55



MEDICAL



**ADDRESS** 

03149

e. IS RESIDENCE ON A FARM?

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

days

24 hrs.

PERFORMED? NO F

DATE SIGNED

3-12-59

(State)

Rea. Dist. No.

50

12

U.S.A.

(County)

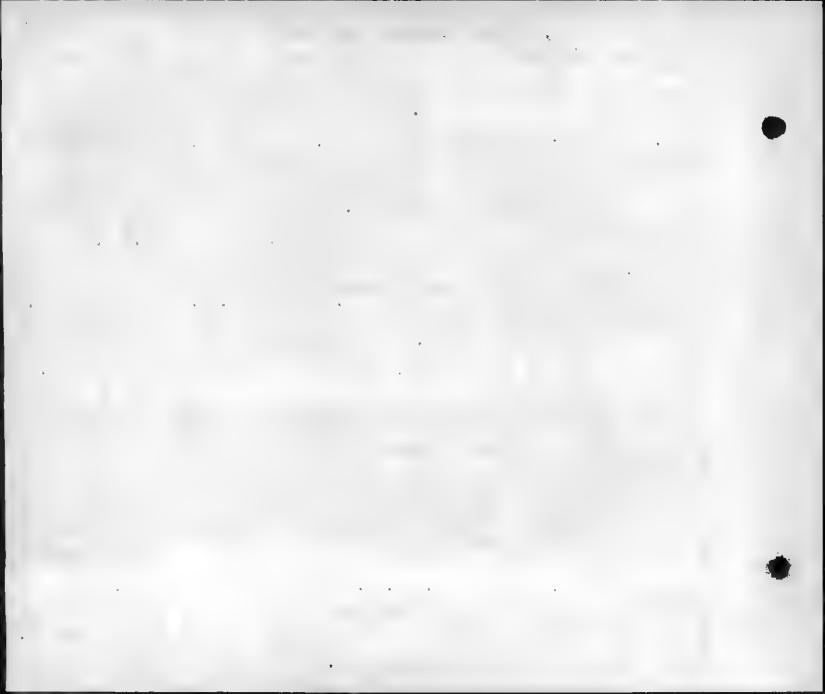
19 59 FUNDER TYEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY?

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24o. REC'D BY REGISTRAR Oakland. Nd. DATE AR 1 6 '59

24b. REGISTRAR'S SIGNATURE arthur & Kings



arthur & trave

DATE MAR 1 1 '59

o V\$ A15 (4) 15M 10/57



5M 9/55

03151 Reg. Dist. No.

	PLACE OF DEATH D. COUNTY	· · tt		MARYLAND	2. USUAL RESIDENCE (N	Where deceased lived. W	Institutions Residence	
Ł	. CITY OR TOWN (IF	outside corporate filmsts, writ	e RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corporate limits	, write RURAL and giv	re nearest fown)
	and give neares) fown	, and an and and a		~ 10	× ~, '	ville, nd	•	
c	I. NAME OF HOSPITA	AL OR INSTITUTION (	lf not in hospi	ital, give street oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	Fir	şł t	Middle	Lasi	4. DATE	Month D	ay Year
	(Type or print)	(II.)		4.74	J. T. 177 J.	DEATH 2 33	c1 7	19 .
5 5	EΧ	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [] 8.	DATE OF BIRTH	9. AGE   n		
	7 %	P to	WIDOWED	DIVORCED [	Tay. 72, 7	lent by their	yrs. Months Day	s Hours Min.
10o	usual occupation	ON (Give kind of work g life, even if retired)		nd of Business or industration to a ville el		or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME	Jie .			14. MOTHER'S MAIDEN I		170411	LomisaRD ST
	Tr.	7	** T	Tug (	T' 10 "	- 27	BAITIM	185 23 MA
15. (Yes		ER IN U. S. ARMED FO		OCIAL SECURITY NO. 17. IN	FORMANT	7	ddress	NE -5, 110
_	In CAUCE OF DEAT	TH [Enter only one car	ve met liee fo	u (a) (b) and (a) I			10	NITEONAL BETIAGES.
		TH WAS CAUSED BY:			DITTMONADY	TOTOTOMA	1	NTERVAL BETWEEN
		IMMEDIATE CAUSE (6)	ASP	HYXIATION ;	PULMONARY	EDEMA		1 Hr.
		DUE TO	A CITT	त्याच्या व्याप	ONGULERTO	MITTE		T.O. Time
	Conditions, if an again are to be a second as a second	linta anua	ACU	TE TRACHEUD	RONCHITIS,	MILD		12 Hrs.
	(a), stating the t	anderlying INCTO	Als	o: LARYNGEAI	EDEMA M	AR KED		
7	couse lost.	J (c)		NTRIBUTING TO DEATH BUT N			ALL CIVEL IN BART V	NIO WEE THEODEY
CATION	PARI II, OSP	HISTOR		ASTHMA	OT REDATED TO THE TERM	INVERISENSE COURTING	IN GIVEN IN PART SE	PERFORMED?
	20g. EXTERNAL CAL			HOW INJURY OCCURRED. (E	star natura of Johns in Ros	t I as Root II of Story 30 3		YES NO
CERTIF	PRIMARY OF CONCAUSE OF DEATH.	NTRIBUTING []	no. Describe	MON HOOK! OCCURRED. (E	mer notore of injury in For	il or ran il or ilen io.,		
MEDICAL	20c. TIME OF INJUS Hour a. m. p. m.	Nonth, Day, Ye			E OF INJURY (Home, form ry, street, office bldg., etc.		(County)	(State)
	21. I certify 1)	of I took charge	of the re	emoins described obov	re, held on Autops	y 🛴 . Inspection	X, Inquiry	, and find that
	death resulted	from: Notural	couses 🔏	Accident 7 Suid	ide 🔲, Homicide	Undetermin	ned cause .	•
	ACTUAL SIGNATURE	anna (d.	de	sater. Jr.	_M.D. CHIEF MEDICAL E	KAMINER []		DATE SIGNED
	EXAMINER'S NAME (Type)	4 ~ 2 3	14.7	Enster Tr	ASSISTANT MEDICAL DEPUTY MEDICAL	_	3-	- 7- 5-9
22a	BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREC	OF 2	CONTRACT TO THE CONTRACT TO TH	CREMATORY	22d, LOCATION (City,	town, or county)	(Stote)
23.	FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS	24a. REC	D BY REGISTRAR 246	REGISTRAR'S SIGNA	TURE
	Cm x	Hu ma	10 ~	Jacai, Rejal	DATE	MAR 1 2 '59	arthur S.	Kraua.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



00

2450

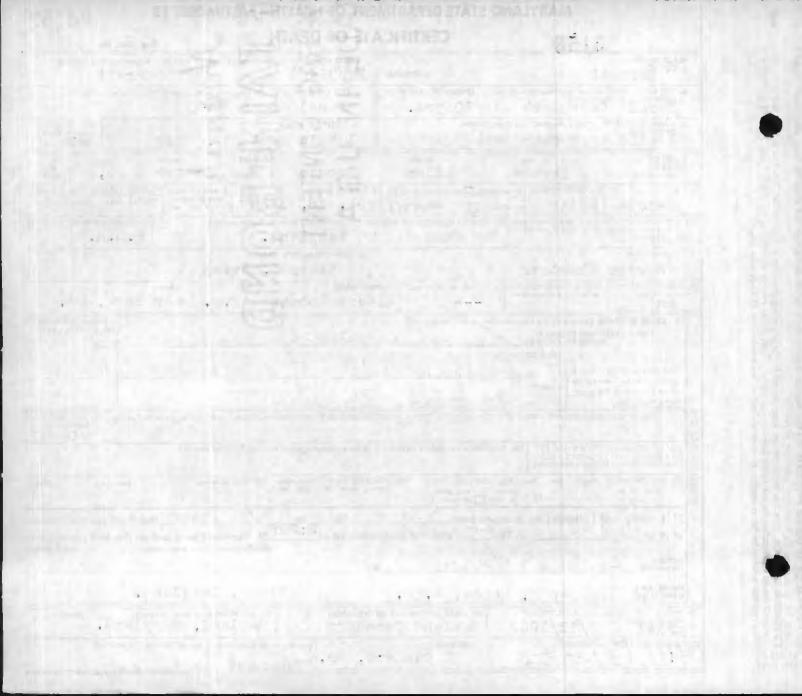
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

							Keg. Dist.	140.	
I. PLACE OF DEATH o. COUNTY Garre	tt	MARYL	AND Mary	land	ere deceased live	ed. Il institutio b. COUNTY	m: Residence Garre	before admi	ssion)
RURAL and give neg	outside corporote limits, prest town) Deer Park	c. LENGTH OF STAY I		~ -	utside corporate Deer Pa	1	JRAL and giv	e negrest for	(n)
OR INSTITUTION	west Deer		1 /	et address	est Dec	r Par	k	ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Bertha	Middle Ellen	Smo	use	4. DATE OF DEATH	Marc		B,	Year 1959
5. SEX Female	1077 9 4	MARRIED NEVER MARRIE	777 1-		382	GE (In years exhibithday) yrs.	Months D	YEAR IF UNC	DER 24 HRS. Min.
House Will	ng life, even if retired)	on Own Home		ryland		7)	U. S	OF WHA	T COUNTRY
13. FATHER'S NAME George	Shartzer		1	er's MAIDEN N	iame Connews	ıy			
	IN U. S. ARMED FORCE f yes, give wor or dates of servi	S? 16. SOCIAL SECURITY NO.	17. INFORMANT Albert	Smouse	R.I	Addr Dee		k, Mo	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  y, which mediate DUE TO	Hyperturan.	CUD.	with the	Eleri	noscles	mis	INTERVAL E ONSET AN	etween by the during t
lying couse lost.	R SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEA					EN IN PART 1	PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Hour o. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJU factory, street, c			lown)	(Co	unity)	(State)
actual signature	at I attended the d		death occurred	das	M, from the ADDRESS (Street, Laure)	city or town.	atole)	date stat	
220. BURIAL CREMATION REMOVAL (Specify) BUT 18 1	3/11/195				Oaklar	i (City, lown, o	r county) rylar	id. (Sto	ite)
23. JUNERAL DIRECTOR'S	id ston	ADDRESS Oak	land, Mo		D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	



VS. A15ME(5)

5M 9/55

MA	RYLAND	STATE	DEPARTMEN	IT OF HE	ALTH-B	ALTIMORE,	18
	MEDIC	AL FY	AMINED'S	CERTIFI	CATEC	E DEATH	

	Garrett		MARYLAN	2. USUAL RESIDENCE	Where decease		tion, Residence		mission)
b. CITY OR TOWN	N (If outside corporate limits, write	a RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	If outside corp	orate limits, write	RURAL and g	ive nearest	town)
Charts	ville, 11d.		Life	X Grant	sville	e, Md.			
d. NAME OF HOS	SPITAL OR INSTITUTION (	If not in hospi	ital, give street address)	d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fire	at	Middle	lost	4. DATE	Month		Day	Year
(Type or print)	VIRGINI.	Α.	AUGUSTA Y	OUNCER	OF DEATH	March	21	7	1959
S. SEX	6. COLOR OR RACE	7. MARRIET	NEVER MARRIED	8. DATE OF SIRTH		9. AGE (In years	IF UNDER 14		DER 24 HR
Tople	White	WIDOWED	DIVORCED [	June 27. 3	805	//163 yrs.	Months Do	nys Hours	Min.
	TION (Give kind of work	done 10b. Ki	ND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Stol	e or foreign o	1 / 1	12. CITIZE	N OF WHA	T COUNTR
	rking lite, even if retired)		in home	Carrett			TT.	3.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Rok	pert Bows	2		Keth	enine	Cuschl	r ot		
15. WAS DECEASED	EVER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17	INFORMANT		Address	~		
(Yes, no, or unknown)	(If yes, give wer or dates of	service)	- 1-	rs Reulah Y	omer	. Great	avill:	e. Tr	
In CAUSE OF D	DEATH [Enter only one cou	se per line fr		LD OULTED A	O II ZIPO Z	12 20	5-7 V also soles soles V	INTERVAL BET	
	EATH WAS CAUSED BY:	per mie to	or (0), (0), ona (c).]		,			ONSET AND	HTAN
***************************************	IMMEDIATE CAUSE (e)	_//	140 CAND	Al and	21000	HIDN		1-100	1.5
4-00.1	DUE TO								
	any, which ) (b)	1-1	-, PERTENU					40	1 4
gove rise to im	mediale cause		11-11-10-10-10-10-10-10-10-10-10-10-10-1	11.					
(o), stoting the	onderlying .								
	) (c) OTHER SIGNIFICANT CON		NTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1		S AUTOPSY
ĬĘ									ORMED?
PART II.	CONTRIBUTING LI	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II	of item 18.)		YES 🗍	
	IJURY Month, Doy, Yeo	or 20d. IN	JURY OCCURRED 20e. P	(Enter noture of injury in Po LACE OF INJURY (Home, for actory, street, office bldg., et	rm, 120f. (City		(Count	YES 🔲	ORMED?
20g. EXTERNAL PRIMARY ☐ or CAUSE OF DEAT  20g. TIME OF IN Hour o. p.	IJURY Month, Doy, Yeo m. 19	or 20d. IN While of work	Not while of work	LACE OF INJURY (Home, for actory, street, office bldg., et	rm. 20f. (City	or town)		YES [	ORMED? NO [
20g. EXTERNAL PRIMARY OF CAUSE OF DEAT	IJURY Month, Doy, Yeo m. 19 hat I took charge	20d. IN While of work	Not while of work arms described at	LACE OF INJURY (Home, for actory, street, office bldg., et nove, held an Autop	rm, 20f. (City	or town)	Inquiry	YES [	ORMED? NO [
20g. EXTERNAL PRIMARY OF CAUSE OF DEAT	IJURY Month, Doy, Yeo m. 19 hat I took charge	20d. IN While of work	Not while of work arms described at	LACE OF INJURY (Home, for actory, street, office bldg., et	rm, 20f. (City	or town)	Inquiry	YES [	ORMED? NO [
20c. TIME OF IN- Hour o.  21. I certify death result	IJURY Month, Doy, Yeo m. 19 hat I took charge	or 20d. IN While of work	JURY OCCURRED 200. p k Not while of work mains described at Accident , S	LACE OF INJURY (Home, for actory, street, office bldg., et actory, street, office bldg.	esy, Ur	or town)	Inquiry	YES (	ORMED? NO [
20a. EXTERNAL PRIMARY OF OF DATE OF DA	IJURY Month, Doy, Yeo m. 19 hat I took charge	or 20d. IN While of work	Not while of work arms described at	LACE OF INJURY (Home, for particularly, street, office bldg., et prove, held an Autopuicide, Homicid, CHIEF MEDICAL	rm. 20f. (City ssy . Ir le . Ur	or town)  Ispection [];  Idetermined c	Inquiry ause .	YES O	(State)
20c. EXTERNAL PRIMARY or CAUSE OF DEATH	IJURY Month, Doy, Yeo m. 19 hat I took charge	or 20d. IN While of work	AJURY OCCURRED 20e. P fr. Not while of work permains described at l. Accident S	LACE OF INJURY (Home, for actory, street, office bldg., et actory, street, office bldg.	sy . Ir le . Ur EXAMINER .	or town)  aspection ()  addetermined c	Inquiry ause .	YES (	(State)
200. EXTERNAL CREMA PRIMARY OF OF CAUSE OF DEATH 20c. TIME OF IN- Hour o. p. 21. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Typo) 220. BURIAL, CREMA	JAMAS II.	20d. IN While of work of the recourses	AJURY OCCURRED 20e. P fr. Not while of work permains described at l. Accident S	LACE OF INJURY (Home, for sectory, street, office bidg., et cove, held an Autopuicide, Homicid, CHIEF MEDICAL ASSISTANT MEDICAL, DEPUTY MEDICAL	examiner Cal examiner	or town)  aspection ()  addetermined c	Inquiry ause	YES DATE	(State)
20c. EXTERNAL PRIMARY Gor CAUSE OF DEAT PRIMARY Gor CAUSE OF DEAT PRIMARY GOR P.  21. I certify death result ACTUAL SIGNATURE CEAMINER'S NAME (Typo)	JAMAS II.	20d. IN While of work of the recourses	AJURY OCCURRED 200. P for some particular second se	DOVE, held an Autopuicide, CHIEF MEDICAL    ASSISTANT MEDICAL    DR CREMATORY	EXAMINER CAL EXAMINER LEXAMINER LEXA	or town) aspection () adetermined c	Inquiry ause	y)  DATE  2 4. 5	(State)  (State)  (State)
200. EXTERNAL LE PRIMARY GOT CAUSE OF DEAT OF MOUNT OF MO	Month, Doy, Yee  m. 19  that I took charge and from: Natural  JAMES H.  TION. 226. DATE THEREO  3/27/50	20d. IN While of work of the recourses	Not while of owner of the control of	LACE OF INJURY (Home, for particular process, street, office bldg., et al., et	EXAMINER CAL EXAMINER LEXAMINER LEXA	or town)  spection or town, and termined or town, and termined or town, and	Inquiry ause	DATE  (SI  (SI	(State) (State) (State)
200. EXTERNAL PRIMARY Gor CAUSE OF DEAT PRIMARY Gor CAUSE OF DEAT PRIMARY GOR CAUSE OF THE PRIMARY CAU	Month, Doy, Yee  m. 19  that I took charge and from: Natural  JAMES H.  TION. 226. DATE THEREO  3/27/50	20d. IN While of work of the recauses Department of the recause D	UURY OCCURRED 200. p k of work of the order	LACE OF INJURY (Home, for particular process, street, office bldg., et al., street, office bldg.	Sy . In  EXAMINER . CAL EXAMINER .  EXAMINER . 22d. LOCAL	or town)  Ispection  I	Inquiry ause	y)  DATE  2 7. 5	(State

